

ORDINANCE

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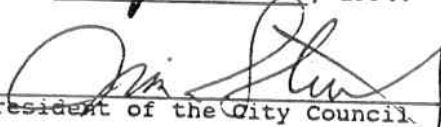
AN ORDINANCE approving a master plan for Virginia Mason Medical Center.

BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:

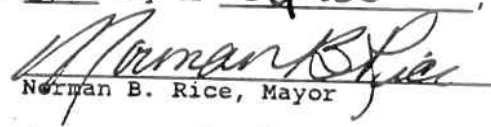
Section 1. That the Virginia Mason Medical Center Master Plan dated November 1992, and filed in C.F. 299691 is hereby approved as modified in the findings, conclusions and decision of the City Council attached hereto as Exhibit A, for the area described in Exhibit B attached hereto, and the property located within such area may be developed for major institutional uses in accordance with said modified master plan.

Section 2. This ordinance shall take effect and be in force thirty days from and after its passage and approval, if approved by the Mayor; otherwise it shall take effect at the time it shall become law under the provisions of the City Charter.

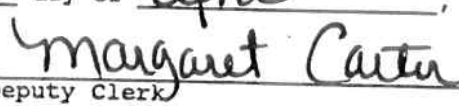
Passed by the City Council the 25 day of April, 1994, and signed by me in open session in authentication of its passage this 25 day of April, 1994.


President of the City Council

Approved by me this 27 day of April, 1994.


Norman B. Rice, Mayor

Filed by me this 28 day of April, 1994.


Deputy Clerk

(SEAL)

Published _____

EXHIBITS

EXHIBIT A: FINDINGS CONCLUSIONS AND DECISION OF THE CITY COUNCIL

EXHIBIT B: VMMC BOUNDARY AND OWNERSHIP

EXHIBIT C: Revision to VMMC Major Institution Master Plan

EXHIBIT D: Letter from VMMC Administrator regarding tenant relocation assistance.

EXHIBIT A.

FINDINGS CONCLUSIONS AND DECISION OF THE CITY COUNCIL

In the Matter of the Application of

VIRGINIA MASON MEDICAL CENTER

C.F. 299691

for approval of a Major
Institution Master Plan

Introduction

Virginia Mason Medical Center has requested approval of a Major Institution Master Plan.

For purposes of this decision, all section numbers refer to the Seattle Municipal Code (SMC).

The Director's report, submitted by the Department of Construction and Land Use recommended approval of the plan, with certain conditions.

This matter was heard before the Deputy Hearing Examiner (Examiner) on December 15, 1993. The record was left open through December 17, 1993 to allow time for a visit to the site, and to allow time for receipt of any additional mailed comments.

The Examiner made findings of fact, conclusions, and a recommendation for approval with conditions in a report dated January 12, 1994.

A timely request for further consideration was filed with the City Clerk by Deborah Gibby on behalf of the First Hill Community Council.

At its meeting on March 15, 1994 the Planning and Regional Affairs Committee heard oral argument on the request for further consideration, reviewed the plan and voted to modify the findings and conclusions and recommend a decision on the application to the full Council.

After due consideration of the evidence in the Hearing Examiner's record and the Examiner's findings and conclusions and recommendations and the oral arguments and briefs submitted in re: the request for further consideration, the City Council adopts, modifies and makes the following

Findings of Fact

1. Virginia Mason Medical Center (VMMC) has proposed a Major Institution Master Plan (Plan) for approval by the City Council.

Description of Site and Vicinity

2. The Virginia Mason site is addressed as 1100 9th Avenue. Located on First Hill, VMMC's major institution boundary generally follows Spring Street on the south, the mid-block between 8th and 9th Avenues on the west, and University Street on the north. A small portion of the north boundary at the east end stretches north approximately one-third of the block north of University Street. The east boundary runs mid block between Terry and Boren Avenues from University to Seneca Streets, then turns east to run along Boren Avenue between Seneca and Spring Streets. The site measures approximately 7.05 acres. (see Exhibit B)
3. VMMC owns 100 percent of the private property within its boundaries. The campus includes medical buildings and associated parking, circulation/open space areas, public rights-of-way, a hotel (the Inn at Virginia Mason) and three apartment buildings, the Northcliff and Hudson Arms Apartments on Boren Avenue between Spring and Seneca Streets, and the Cassel Crag Apartments at the corner of University Street and Terry Avenue. Existing lot coverage is approximately 63 percent. The property follows the general grade of First Hill, sloping up from west to east.
4. The site is zoned Highrise with a Major Institution overlay (MIO 240'-HR). The Highrise zone permits a maximum height of 160 feet. The Major Institution overlay permits a maximum height of 240 feet for institutional uses.
5. Land uses in the vicinity are a mix of highrise residential and institutional. Commercial uses line Madison Street, one block to the south.
6. Freeway Park is northwest of the campus. Between the park and 9th Avenue, the University Street right-of-way has been developed with a pedestrian walkway known as the Pigott Corridor. The Corridor provides pedestrian access from the corner of 9th and University down to the park. Across University from VMMC and next to Pigott Corridor is the Horizon House senior housing complex.
7. The John Winthrop Apartments are located at the northwest corner of Boren and Seneca. To the north of those apartments is the Sunset Club.

Background

8. VMMC is an entirely not-for-profit organization. Subsidiaries of VMMC include the Virginia Mason Hospital, the Virginia Mason Clinic, and the Virginia Mason Research Center, each of which is also a nonprofit organization. Through Virginia Mason Hospital, VMMC staffs and manages the Bailey Boushay House in the Madison Valley.
9. Started in 1920, VMMC is unusual due to its integrated nature. The clinic, the hospital, and the research center all work closely to combine patient care, clinical research, and medical education.
10. Virginia Mason Hospital is recognized as an excellent teaching hospital.
11. Through its Health Services Consortium, VMMC supports 17 other hospitals throughout the Pacific Northwest.
12. Virginia Mason operates a number of satellite clinics in the greater Seattle area. These clinics specialize in primary care, while the First Hill Campus provides specialty and tertiary care. The critical mass of facilities and staff required to provide specialty and tertiary care is significant, necessitating a concentration of complex diagnostic and treatment facilities on the downtown campus. However, VMMC has decentralized to the extent of moving a number of functions such as hospital and clinic accounting and information systems off campus.
13. Virginia Mason contributes to numerous civic and charitable groups every year. This includes a substantial amount of free or discounted care for low income patients. VMMC is also active in providing health related information to the community.
14. Virginia Mason Medical Center (VMMC) filed its application for its Major Institution Master Plan on September 22, 1987.
15. In May 1990, new Land Use Code provisions regarding major institutions took effect (Chapter 23.69, SMC). A transition rule adopted with the new code provisions allowed institutions with master plan processes already underway to complete the process according to the provisions in effect at the time of the filing the application. VMMC opted to be reviewed under the earlier Code provisions. Current Code provisions apply to all other aspects of major institution uses and future development at VMMC. (All sections of Chapter 23.69 SMC apply except 23.69.030 and 23.69.032).
16. In 1990, VMMC revised its proposed program of development. A draft EIS on the revised plan was published in February of 1992, and the final EIS was published in November of 1992.

17. The final report of the Citizen Advisory Committee (CAC) concluded with a recommendation that the Master Plan be approved as proposed.

18. DCLU issued its report recommending approval of the Master Plan, with conditions, in October, 1993. That report also determined that the Environmental Impact Statement (EIS) prepared in conjunction with the Master Plan was adequate and that the project, as conditioned by DCLU, would not result in significant adverse environmental impacts. An appeal challenging the adequacy of the EIS was filed by Horizon House, the property immediately to the north of VMMC, but that appeal was withdrawn prior to the hearing before the Examiner, based on a settlement between VMMC and Horizon House. That settlement resulted in some scaling back of the project in excess of that required by DCLU.

19. Subsequent to the release of the DCLU analysis, in November of 1993, VMMC and Group Health announced the formation of a strategic alliance. As stated in the news release announcing the alliance, "The intent of the collaborative, long-term relationship is to continue to improve the quality of care, while lowering costs and increasing access to an integrated network of primary and specialty care provides in the Pacific Northwest . . ." The alliance is not, however, expected to have any immediate impact on the operation of VMMC, nor on the facilities envisioned under the Plan.

The Proposed Master Plan

20. The Master Plan prepared by VMMC envisions a 10-year planning period, divided roughly into two phases of 5 years each. While the cover sheet of the plan describes the 10-year period as 1991-2001, the preface notes the following: "For purposes of environmental analysis, the planning period is from 1991 to 2006 because it is recognized that actual project development would most likely not begin until 1993 and worst case impacts may extend beyond 10 years. "

21. The Plan is intended to achieve two goals:

a). Anticipate growth required on the downtown campus to support Virginia Mason Medical Center's mission of providing state-of-the-art coordinated specialty care; and

b) Develop a cohesive facilities plan to accommodate this growth, including new expansion and replacement of inadequate or outdated facilities.

Satisfaction of these goals involves, from VMMC's perspective, two main issues. One, to replace deteriorating hospital facilities that are vital to the mission of VMMC, and two, to add additional outpatient facilities to meet the changing needs of health care.

22. The proposed plan includes no expansion of VMMC's institutional boundaries. It also includes no change in the area's underlying zoning.

23. The Master Plan project includes development within the existing campus core. Development can be divided into four components as follows:

East Campus Development: This development would be focused on the portion of the site adjoining Boren Street, between Spring and Seneca. Construction of East Campus Addition will respond to the need to replace obsolete hospital spaces and will include Operating Rooms (ORs), and Intensive Care Unit (ICU), and a Critical Care Unit (CCU). No new beds will be added as a result of the new construction.

The first phase of the addition would include construction of 93,000 gross square feet within a four-story structure. Planned development would include but not be limited to operating rooms, an intensive care unit and a critical care unit. The second phase of this development would include an additional eight stories over the initial four stories and would add 315,000 square feet. Uses would be similar to those for the initial phase. No parking is planned.

Construction of the East Campus would require demolition of the Hudson Arms and the Northcliff, which contain a total of 63 housing units. The addition would also require vacation of the alley currently separating the main hospital from the apartments.

East campus development is expected to occur during the first five years (Phase I) of the planning period.

North Campus Development: Two new structures are planned with this development. The first building is planned to replace an existing parking lot at the southwest corner of 9th and Seneca. This structure would be a mixed-use structure housing medical and office uses. [This structure will, hereafter, be referred to as the Mixed Use Building] Medical uses would include administrative functions, medical services and ancillary services. As described in the Plan (Exhibit 4) and DCLU report, this building would encompass approximately 221,000 square feet with a 5-story base structure (70 feet in height) and a 14-story tower with a total height not to exceed 240 feet. Parking for approximately 400 vehicles would be provided in a below-grade parking structure.

The second building planned for the north campus, the North Pavilion addition, would require the demolition of 68,500 square feet of an existing building (the Health Resources Building). This structure would contain clinic and office space. As described in the Plan, the North Pavilion addition would consist of a 5-story (75 feet in height) base structure and a 12-story tower, and would contain 250,000 square feet. Below-grade structured parking would

be provided for approximately 500 vehicles, comprising approximately 162,500 square feet. Approximately 12,000 gross square feet of open space is planned at the corner of 9th and Seneca.

North campus development is expected to occur primarily during the second five years (Phase II) of the planning period.

Existing Campus Improvements: The existing main hospital lobby would be remodeled and improved. Retention of the present skybridge across Seneca Street is also planned for internal hospital and clinic circulation.

Streetscape Improvements: Pedestrian improvements are proposed for or adjacent to public rights-of-way, and include covered walkways, lighting, planting of new street trees, new signage and campus identity markers.

24. In reference to the east campus development, VMMC is currently hampered by the fact that its surgical areas suffer from low ceiling heights and from inadequate electrical service. As a result of the poor electrical service, it is sometimes necessary to string electrical extension cords down corridors and into adjoining areas. The low ceiling heights make it difficult to use some of the newer surgical equipment. They also complicate the effort to update the electrical system, or the existing, outdated, ventilation system.

25. The east campus development would also address the fact that the Intensive Care Units (ICUs) are in the oldest part of the existing hospital. One result is that the arrangement of nursing stations and patient rooms does not allow for efficient care.

26. The placement of the new surgical facilities and ICUs in the east campus is driven by the need to establish and/or maintain certain adjacencies. Diagnostic and treatment functions have to be located so that they are immediately available to inpatients suffering from a medical emergency. However, because the equipment is extremely costly, it is also necessary to have it in a location where it can be available to outpatients, so that duplication of such equipment and facilities can be avoided.

27. Renovation or remodelling of the existing ICU and surgical areas is rendered extremely difficult by the configuration of the existing space and by the existing ceiling heights. Removal of a floor or floors to allow creation of space meeting modern standards would result in serious problems in terms of tying these portions of the building into the rest of the existing structure.

28. As regards the medical office space that would be included in the North Campus Addition, it should be noted that all of the physicians working at VMMC are employees of the institution. Thus,

the new medical office space would be used by VMMC employees, not independent physicians. In this respect, the office space would be somewhat different from that provided at other hospitals, such as at Swedish.

29. In terms of development standards, VMMC proposes to comply with the standards in the Land Use Code at the time of filing of the application for the Master Plan, including the 240 foot height limit.

30. The Plan includes a Transportation Management Program (TMP), and VMMC has submitted a memorandum of agreement setting forth its obligations under that plan. VMMC has an existing TMP, and has routinely achieved the goals of that TMP, including reducing the number of employees who drive to work in single occupant vehicles (SOV's) to below 50 percent.

Parking

31. VMMC currently controls 1,257 parking spaces in a mix of surface and structured off-street parking facilities, both on and off the VMMC campus. Of these, 587 spaces are provided in the North Pavilion Garage, which is reserved for patients and visitors.

32. VMMC owned spaces are utilized at a 94 percent rate during the morning peak hour, and at 90 percent during the afternoon peak. The leased off-site spaces have a somewhat lower utilization rate.

33. The parking demand during the afternoon peak is 1,597 spaces. While this exceeds the total amount of VMMC parking by only about 350 spaces, because certain spaces are reserved for other users, there is an overflow of employee parking of 608 vehicles.

34. In Phase I of the Master Plan, no parking would be added or removed. Total parking demand would actually increase by about 100 spaces, but because of a projected improvement in the management of the available parking, the afternoon parking overflow is expected to be reduced to 460 parking vehicles.

35. During Phase II, a total of 900 new parking garage spaces would be constructed. 81 existing spaces would be lost, so the net increase would be 819 spaces. With this additional parking, even though the peak afternoon parking demand is expected to reach 2,091 spaces, the parking overflow would be reduced to 51 vehicles.

36. Construction-related traffic during the development of the new facilities will result in additional parking impacts. As a result, DCLU imposed a condition on its recommendation of approval (Condition #9) to help mitigate that impact. VMMC did not contest the condition.

Traffic

37. Currently, all intersections in the area operate at an acceptable level of service (LOS D or better) during the afternoon peak hour, with the exception of the 6th Avenue/Madison Street intersection. This intersection operates at a level of service F. The intersection at Boren Avenue/Madison Street currently operates at LOS D; all other area intersections operate at LOS C or better.
38. SED generally considers LOS D or above to be an acceptable operating condition.
39. Implementation of Master Plan Phase I, would result in the addition of approximately 856 daily and 75 PM peak hour vehicle trips to the current VMMC volumes (an increase of 15 percent over current VMMC trip levels). With implementation of Phase II, a net increase of another 1,878 and 144 PM peak hour trips is anticipated (an increase of about 28 percent over Master Plan Phase I total daily trips). Traffic on surrounding streets would be further intensified by the fact that the Master Plan would consolidate parking on campus.
40. By 1996, the levels of service at the Madison Avenue intersections with 6th and Boren Avenues are expected to be LOS F and E, respectively, with or without the development of Phase I. Level of service with the development of Phase II would remain at LOS F at 6th and Madison, but would fall to LOS F at Boren and Madison.
41. Congestion occurs at 6th and Madison due to high westbound right turn volumes with only one designated right turn lane, resulting in LOS F operating conditions during the PM peak hour. DCLU determined that the intersection would be improved by converting one westbound through lane on Madison Street to a right-through lane. During the PM peak hour, 77 percent of right-turn lanes in existing traffic proceed to turn southbound onto Interstate 5.
42. The Boren/Madison intersection is projected to operate at LOS E for 2006 background conditions without Master Plan expansion. This results from high eastbound and southbound volumes. Operating conditions can be improved by revising the signal timing for the existing movement phases. This action would improve the LOS to D in 2006 with or without the project.
43. Access for the proposed Mixed Use Building garage, to be located on the northwest corner of the 9th Avenue/Seneca Street intersection, would be onto Seneca Street. Vehicles exiting left from the garage in the PM peak hour would experience a LOS delay of E. Limited sight distance would also be a problem, due to the slope of this street. VMMC plans to mitigate this condition by restricting access to a right-turn in and right-turn out only

configuration.

44. As noted above, the North Pavilion addition would also provide an underground parking garage. The Memorandum of Understanding between Horizon House and VMMC provides that VMMC will use its best efforts to locate the parking garage entrance/exit on streets other than University Street.

45. VMMC has developed and implemented a TMP in accordance with Director's Rule 4-91. The TMP has been reviewed by DCLU, SED and Metro.

46. The TMP includes measures to encourage and facilitate the use of transportation modes other than single occupancy vehicles (SOVs). The goal is to reduce the number of commuter trips in employee single occupancy vehicles to 50 percent of the total number of weekday peak period commuter trips, excluding employees whose work requires the use of a private automobile during working hours. The TMP includes subsidies for bus passes, vanpool subsidies equal to transit pass discounts, preferential parking for car and vanpools, parking, lockers and showers for bicycles, a commuter information center, ride matching, and periodic review and updating of the TMP.

47. VMMC has operated a TMP for a number of years. In 1990, only 48 percent of the institution's employees used SOVs.

Housing

48. There are approximately 7,344 housing units in the First Hill neighborhood and 2,931 units within the one block of the VMMC institutional boundaries. The VMMC campus contains 88 housing units.

49. Demolition of the Hudson Arms and Northcliff apartments during Phase 1 of the Master Plan in order to make room for the East Campus Addition, would result in the elimination of 63 housing units, leaving only the 25 units in the Cassel Crag apartments. According to the DEIS, this demolition will displace approximately 80 persons.

50. According to information in the FEIS, there are 40 households in the Northcliff and 18 households in the Hudson Arms that could meet the definition of low income housing, based on HUD Section 8 and Seattle Housing Authority standards.

51. VMMC first notified tenants in both the Northcliff and Hudson Arms apartments of its long range plans for development of Phase 1 in July of 1990. Since then, VMMC has sent subsequent letters to tenants on a regular basis, keeping them informed of the Master Plan process.

52. Since 1991, VMMC has been a limited partner with the Seattle Housing Resource Group (SHRG) in the ownership of the John Winthrop Apartments at the corner Seneca and Boren. With VMMC's assistance, including financial assistance, SHRG has been able to keep the Apartments as low-income housing, and has been able to make significant renovations and repairs.

53. The SEPA Ordinance at 25.05.675.I calls for compliance with legally valid Land Use ordinance provisions relating to housing relocation, demolition and conversion. VMMC will be required to meet requirements in such valid Land Use ordinance provisions at the time the housing is demolished. DCLU suggested no additional mitigation.

53A. During the review of the Plan by the Planning and Regional Affairs Committee VMMC clarified in writing that it intends to provide assistance to tenants being dislocated either by physically moving them to John Winthrop Apartments or for other eligible tenants would match the City of Seattle with up to \$1,071 in relocation funds for a total of \$2,142 in relocation assistance.

Height, bulk, and scale; Shadows

54. The addition to the main hospital building that will occupy the area now occupied by the Northcliff and Hudson Arms will have a height of 115 feet along Boren Avenue.

55. Both the Mixed Use Building and the North Pavilion proposed in Phase II were originally planned to extend up to 240 feet, the maximum height permitted under the institutional zoning.

56. In its review of the proposal, DCLU called for a reduction in the height of the Mixed Use Building by four stories, leaving it a 10-story tower over its 5-story base structure. DCLU based this recommendation not on the potential height, bulk and scale impacts of the tower, but rather on its concerns about shadows on the Pigott Corridor.

57. Open space is in short supply on First Hill. Pigott Corridor, as well as providing access from First Hill to Freeway Park and to downtown, also provides a high-quality open space. People using it for that purpose, especially in the summer, tend to gravitate to the sunnier areas of the corridor.

58. The purposes and intent of the Major Institution Ordinance (SMC 23.69.002) are as follows:

- A. Permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion; and
- B. Balance a major institution's ability to change and the public benefit derived from change with the need to protect the livability

and vitality of adjacent neighborhoods.

59. The Ordinance calls for the Director's analysis and recommendation on the master plan's development standards component to consider, among other things, the following (SMC 23.69.002.E.5.b):

b. The extent to which any structure is permitted to achieve the height limit of the Major Institution Overlay district. The Director shall evaluate the specified limits on structure height in relationship to the amount of Overlay District area permitted to be covered by structures, the impact of shadows on surrounding properties, the need for transition between the major institution and the surrounding area and the need to protect views.

60. Reductions in the height of the Mixed Use Building beyond the four story reduction would yield comparatively little in the way of additional shadow reduction.

61. Representatives of the Horizon House, the multifamily building to the north of VMMC, expressed concern to DCLU about impacts on privacy and the sense of openness that would result from construction of the North Pavilion and suggested it be moved to the corner of 9th and Seneca. DCLU rejected this suggestion, as it would have increased shadow impacts on the Pigott Corridor.

62. The DCLU report does not recommend that the North Pavilion be limited in height, but did recommended that VMMC be required to solicit comment from the standing committee regarding the architectural concept of both the North Pavilion and the Mixed Use Building.

63. After the publication of the DCLU analysis and recommendation, Horizon House submitted an appeal to the Office of Hearing Examiner, challenging the adequacy of the EIS prepared for the Plan. However, on December 6, 1993, nine days before the public hearing, Horizon House withdrew its appeal, pursuant to a settlement it reached with VMMC. Under that settlement, VMMC and Horizon House agreed to a number of changes to the Plan. The footprint of the North Pavilion was reduced, and its height reduced to 190 feet. The settlement also called for the windows on the north facade to be placed at an angle so as to limit visual intrusion to Horizon House. As to the Mixed Use Building, the settlement called for changes to its setbacks and terracing so as to protect the sense of openness at the top of the Pigott Corridor. The settlement was introduced at hearing as Exhibit 14.

Vacations

64. As noted above, Phase I development on the East Campus would require the vacation of an alley that currently separates the main hospital building from the sites of the Hudson Arms and Northcliff

Apartments. The East Campus Addition would place a hospital structure within the northern half of that alley. Required relocation of utilities will be provided by VMMC.

65. There is an existing skybridge connecting the hospital to the Health Resources building across Seneca Street just south of the hospital's main entrance. The skybridge was approved by the Seattle City Council (effective June 3, 1985) for ten years. As part of the Master Plan, VMMC proposes to extend the above-grade air rights for permanent use of the skybridge. The skybridge would continue to function as internal patient and staff circulation.

66. The skybridge is approximately 20 feet above the street and is 66 feet long, ten feet wide and eleven feet high. Its design is an open web steel truss with glass panels that make the structure transparent. The skybridge currently interrupts westerly views downhill along the Seneca Street view corridor toward downtown and Elliott Bay from Boren to Terry Avenues.

67. The skybridge is heavily used by hospital patients, visitors, and staff. The skybridge also allows operations based on one side of Seneca Street to make use of facilities located on the other side of the street.

68. The Street Use Appeals Board and the City Council's Transportation and Economic Development Committee have recommended the vacation of the alley with conditions and the extension of the street use permit for the skybridge.

Conclusions of Law

1. The City Council's authority in this matter is pursuant to Chapters 23.69 and 23.76, SMC.

2. The report of the Department of Construction and Land Use provides a comprehensive overview and environmental analysis of the Proposed Master Plan. A number of matters are covered in that report that are not included here. To the extent that a subject is reviewed in the DCLU report that is not included there, the City Council adopts the DCLU conclusions and recommendations regarding that subject.

3. As noted in the findings, the proposed Plan was originally envisioned as covering the period 1991-2001. Given the passage of time since the beginning of the review period, the time period to be covered by the Plan should be revised. The Plan is effective for the period 1994-2004. Former SMC 23.81.040.A, in effect at the time of application, allowed a maximum period of only 10 years.

4. In terms of the facilities proposed, the Plan appears to represent a reasonable and measured response to the changes facing the medical community, and to the needs of Virginia Mason. The

testimony presented at hearing was persuasive as to the need of VMMC to create new facilities to house its operating rooms and intensive care units, to create new outpatient facilities, and to generally upgrade its existing facilities.

Housing

5. Perhaps the single most emotional issue involved in the consideration of this Plan is the loss of the Northcliff and Hudson Arms Apartments. These Apartments represent low and moderate income housing, a type of housing much in demand, and a type of housing the City has worked hard to retain.

6. Nonetheless, the demolition of the two Apartments is justified. The east campus development includes facilities badly needed by VMMC, and the site of the Northcliff and Hudson Arms is a reasonable location in which to provide those facilities. As noted in the findings, it is important to VMMC to be able to retain certain adjacencies, both in the interests of patient care, and in the interest of avoiding duplication of facilities and equipment. Therefore, the option of providing the new facilities in a different location is, at best, tenuous.

VMMC has, moreover, been responsive to the plight of the tenants of the two apartments, giving early notice to the Apartment tenants of its plans, and taking care to make them fully aware of where matters stand in terms of any timetable for demolition.

Finally, VMMC has shown its commitment to the preservation of low and moderate income housing on First Hill through its involvement in the redevelopment of the John Winthrop. The testimony of the witness from SHRG made it clear that but for the willingness of VMMC to enter into a partnership with SHRG, the building might well have been redeveloped into housing for people of higher incomes.

Traffic and Parking

7. Traffic and parking are matters of concern everywhere, and this certainly includes First Hill. However, the evidence suggests that VMMC has been an active party in the encouragement of non-SOV use for its staff, and has a good record of achievement in this area.

8. In terms of parking, development under the Plan will actually reduce the parking overflow generated by VMMC. Traffic will be increased, and mitigation is, therefore, required. However, the mitigation included in the DCLU report is adequate to assure that the impact of the increased traffic should not be serious.

Height, bulk, and scale; shadows

9. The two most serious height, bulk, and scale issues arising from the proposed plan involved the Mixed Use Building and the North Pavilion: the Mixed Use Building because of its impacts on the Pigott Corridor, and the North Pavilion because of its impact on the residents of the Horizon House on the north side of University Street.

10. The concerns regarding the Mixed Use Building were largely addressed by DCLU. Concerned primarily by the shadows that would be created by the building, DCLU recommended that the height of the building be lowered by 4 stories, to a total overall height of 190 feet. This conditioning was consistent with the provisions of the Major Institution portions of the Code, as it works to achieve a balance between the needs of the institution and those of surrounding neighborhoods, and addresses an impact for which the Code specifically notes consideration is required.

11. The other impact of the Mixed Use Building, the extent to which its construction would crowd the upper entrance to the Pigott Corridor, was addressed in the settlement reached between Horizon House and VMMC. Under the terms of that settlement, the footprint of the Mixed Use Building is pulled away from the Corridor. As noted in the Findings, this revision reduces the size of the Mixed Use Building by approximately 30,000 square feet. Combined with the approximately 40,000 square feet cut from the building under DCLU's conditioning, the structure has been reduced 70,000 square feet from its original 240,000 square feet.

12. The North Pavilion, as proposed in the Plan, was essentially unconditioned by DCLU. However, this structure was substantially altered by the settlement with Horizon House. In terms of height, bulk, and scale, the most substantial modifications were the reduction in height to 190 feet (from 240 feet) and the tapering to the building's northwest side to allow a better view corridor from Horizon House.

Skybridge and Alley Vacation

13. The material in the record, and the testimony presented at hearing, indicates that the skybridge is heavily used, and it should be retained. While any skybridge represents some level of visual obstruction, this skybridge performs an important function in tying the hospital and clinic facilities together, and allows passage from one area to the other without forcing patients, staff, and visitors to go down to street level and contending with traffic on Seneca Street. The skybridge should be retained, subject to the issuance of a street use permit.

14. The alley should be vacated with conditions and the street use permit for the skybridge extended per the recommendations of the

Street Use Appeals Board and the Council's Transportation and Economic Development Committee.

15. The building plan changes incorporated into the VMMC-Horizon House Settlement are amendments to the proposed Plan. Exhibit C contains the text and drawings to be added to the Plan as amendments.

16. The letter from VMMC to Councilmember Jim Street dated March 15, 1994 in which VMMC agrees to provide relocation assistance to displaced tenants, is an amendment to the Plan. The letter is appended to this ordinance as Exhibit D.

From the Conclusions of Law, The City Council makes the following

DECISION

The Virginia Mason Medical Center Major Institution Master Plan is approved subject to the following conditions:

Prior to Issuance of a Building Permit

1. CPTED: VMMC shall work with the Police Department to incorporate Crime Prevention Through Environmental Design techniques into the design of each building.
2. Recycling: Recycling areas for bottles, cans, paper, and plastic shall be indicated on plans for each building. Signs shall be posted to indicate availability of the recycling area to visitors and employees. Recycling areas shall be located to minimize adverse visual impact, noise, and odors. Location of each recycling area and sign wording and location shall be subject to review by DCLU.
3. Light: Plans shall indicate the location, direction and intensity of proposed exterior lighting. Buildings shall be designed to shield or direct exterior lights away from light-sensitive structures, including nearby residences. Dense plantings of evergreen shrubs shall be used for natural screening whenever possible.
4. Glare: VMMC shall provide evidence to DCLU that buildings will not cause adverse glare impacts. Finishes and windows on new buildings shall be of a low-reflectivity or non-reflective color or tint. Other methods to avoid glare impacts, such as using recessed windows retaining vegetation, or changing the angle of glass panes shall be employed as necessary.
5. Noise: VMMC shall provide evidence to DCLU that noise-producing mechanical equipment is located away from adjoining residential properties. Measures to reduce noise impacts of cooling towers, emergency generators and garage exhaust fans, as

described in this report, shall be incorporated as much as possible.

6. Energy: VMMC shall coordinate with City Light on changes or expansions to electrical service to facilitate development of infrastructure to meet demand. VMMC shall coordinate with the Customer Service Division as plans for demolition and construction are developed.

7. Shadows on Open Spaces: To mitigate for potential shadow impacts on Pigott Corridor, the height of the Mixed-Use Building tower shall be limited to 10 stories on the 75-foot base.

8. Height, Bulk and Scale: To mitigate for potential height, bulk, and scale impacts on surrounding residential properties, VMMC shall obtain comment from the standing committee regarding the architectural concept of each building design as represented by plans, elevations, and renderings. Comments shall be on specific elements such as window treatment, modulation, color, and material. This condition does not authorize changes in structure location, height or floor area. Standing committee comments shall be forwarded to DCLU to consider under SEPA height, bulk, and scale authority during MUP review of each building.

During Construction

9. Parking: In order to minimize construction parking impacts during Phase I, construction personnel shall be required to park at an off-site location and be shuttled to and from the site. VMMC shall ensure that construction workers do not park on the streets or in private lots in the VMMC campus vicinity. A clause stating this shall be included in all construction contracts.

When parking garages are constructed, construction personnel shall be required to park at an off-site location and be shuttled to and from the site until the structured parking is available for construction personnel parking. VMMC shall ensure that construction workers do not park on the streets or in private lots in the VMMC campus vicinity until the structured parking is available. A clause stating this shall be included in all construction contracts.

10. Hours: Construction hours (to include both demolition and construction activities) shall be limited to non-holiday weekdays between the hours of 7:30 AM to 6:00 PM. This limitation is subject to minor revisions at the discretion of DCLU to allow work of an emergency nature, work requiring obstruction of street rights-of-way, and minor, usually interior work of low noise impact.

11. Noise: Building contractors shall be required to provide a

noise consultant to measure construction and mechanical system noises generated by each project. Measurements shall be taken from receiving properties. If applicable noise levels are exceeded, a variance shall be obtained from the applicable authority or noise reduction methods shall be promptly applied to bring noise levels within Code limits.

Whenever possible, special measures for noise control of unusually loud equipment or activities shall be used during construction. This equipment could include special mufflers for machine engine exhausts or air powered equipment and acoustical screens or enclosures to be used as needed.

12. Air Quality: VMMC shall use the latest equipment available and keep construction equipment in good working condition. In addition, VMMC shall reuse demolition materials to the greatest extent possible on-site and ensure that long periods of construction equipment idling are avoided.

For the Life of the Project:

13. Monitoring: To facilitate orderly monitoring of the Master Plan, annual reports shall be submitted to DCLU and SED and the Standing Advisory Committee on the anniversary of the adoption of the Master Plan or the fiscal year end, at the choice of VMMC.

The annual report shall give basic information on building inventory changes, projects pending and completed, TMP status, Master Plan goals and objectives achieved, conditions met, revisions, and other information as appropriate to the monitoring of the progress of the Master Plan, including information regarding progress made in strengthening charity care.

The reports shall be in a form thematically compatible with the Master Plan, and attachable as exhibits to the Master Plan. The reports shall also be compatible with TMP reports as determined in the Memorandum of Agreement.

14. The Transportation Management Program shall include: a) a goal to reduce the non-exempt, hospital based physician use of SOV's for commuting trips to 50% ; and b) a commitment to reduce over the period of the plan the use of off-site licensed parking to the extent possible, without increasing overflow parking.

15. The Master Plan is a ten year plan beginning on the effective date of City Council approval.

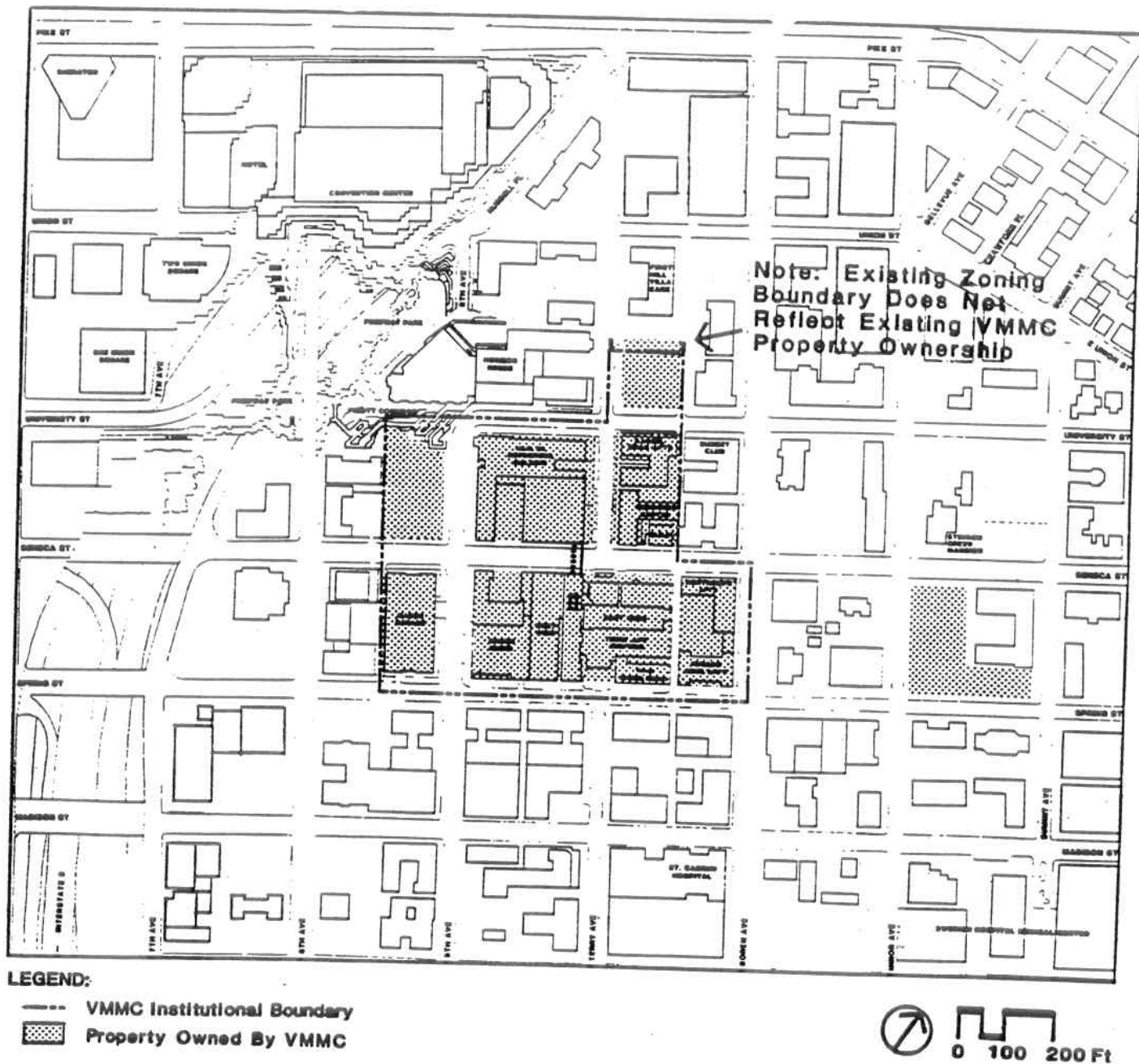


Exhibit B

VMMC OWNERSHIP AND EXISTING BOUNDARY

Virginia Mason Medical Center MIMP

ATTACHMENT TO APPLICATION FOR COUNCIL APPROVALS

VIRGINIA MASON MEDICAL CENTER
PROPERTY AND LEGAL DESCRIPTIONS*

<u>Block/Parcel Numbers</u>	<u>Description</u>
Block 112 Parcel 197820-0351-07 Lots 8, 9 and 12	University and Terry Parking Lot Denny's AA Broadway Addition
Block 105 Parcel 197820-0010-00 Lots 2, 3, 6 and 7	9th and Seneca Parking Lot Denny's AA Broadway Addition
Block 110 Parcel 197820-0280-03 Lots 1 through 8	Health Resources Building Denny's AA Broadway Addition
Block 111 Parcel 197820-0285-08 Lots 1 and 4	Cassel Crag Denny's AA Broadway Addition
Block 111 Parcel 197820-0305 Lots 5 and 8	Virginia Mason Research Center AA Denny's Broadway Addition
Block 74 Parcel 197920-0170-05 Lot 2	Parking Garage Denny's AA Ext. to Terry's 1st Addition
Block 74 Parcel 197920-0175-00 Lot 3	Parking Garage Denny's AA Ext. to Terry's 1st Addition
Block 74 Parcel 197920-0190-01 Lot 6	Parking Garage Denny's AA Ext. to Terry's 1st Addition
Block 74 Parcel 197920-0195-06 Lot 7	Parking Garage Denny's AA Ext. to Terry's 1st Addition
Block 75 Parcel 197920-0206-03 Lot 1	Mason Clinic AA Denny's Ext. Terry's 1st Addition TOW WLY 1/2 VAC Alley ADJ and TOW SLY 24 ft. of E 1/2 of VAC Alley ADJ

* VMMC owns all the property within their major institutions boundary.

ATTACHMENT, CONTINUED

VIRGINIA MASON MEDICAL CENTER
PROPERTY AND LEGAL DESCRIPTIONS*

<u>Block/Parcel Numbers</u>	<u>Description</u>
Block 75 Parcel 197920-0220-05 Lot 4	Mason Clinic AA Denny's Ext. Terry's 1st Addition TGW WLY 1/2 VAC Alley ADJ and TGW SLY 24 ft. of E 1/2 of VAC Alley ADJ
Block 75 Parcel 197920-0225-00 Lot 5	Mason Clinic AA Denny's Ext. Terry's 1st Addition and all VAC Alley ADJ
Block 75 Parcel 197920-0240-01 Lot 8	Mason Clinic Denny's AA Ext. Terry's 1st Addition and all VAC Alley ADJ
Block 75 Parcel 197920-0210-31 Lots 2, 3, 6 and 7	Hospital West Wing Denny's AA Ext. to Terry's 1st Addition
Block 75 Parcel 197920-0205 Lot 8	Loading Dock - 911 Seneca Denny's AA Ext. to Terry's 1st Addition
Block 104 Parcel 859090-1070-45 Lots 1, 4, and 5	Hospital East Wing Terry's 2nd Addition
Block 104 Parcel 859090-1075-08 Lots 2 and 3	Northcliffe Terry's 2nd Addition
Block 104 Parcel 859090-1095-04 Lots 6 and 7	Hudson Arms Terry's 2nd Addition
Block 104 Parcel 859090-1105-02 Lot 8	Mason House Terry's 2nd Addition

* VMHC owns all the property within their major institutions boundary.

**VIRGINIA MASON MEDICAL CENTER
PROPOSED REVISION TO MAJOR INSTITUTION MASTER PLAN**

MIMP Application No. 8701306

This proposed revision to the Final Major Institution Master Plan of Virginia Mason Medical Center is the result of agreements between Virginia Mason and Horizon House, a neighboring non-profit retirement facility, after publication of the Final Master Plan. The agreements addressed certain concerns of Horizon House and Virginia Mason and were jointly submitted as stipulated conditions to the Master Plan at the December 15, 1993, hearing on the Master Plan before the Seattle Hearing Examiner.

In the January 12, 1994, Findings and Recommendations of the Hearing Examiner, those stipulated conditions were adopted as Recommended Condition No. 8A. Virginia Mason and the Planning and Regional Affairs Committee of the City of Seattle agreed that it was appropriate to include Recommended Condition No. 8A as a proposed revision to the Master Plan, as follows:

1. Figure 10 at p. 30 (Proposed Development) of the Final Major Institution Master Plan will be amended to read as shown in Revised Figure 10 (Proposed Development/Campus Plan). Revised Figure 10, along with Exhibit A and Exhibit B to Revised Figure 10, are attached to this proposed revision;
2. The following text will be appended to Section IV(C)(3)(b) at p. 28 of the Final Major Institution Master Plan:

The proposed footprint and envelope of the North Campus Addition are shown in Exhibit A to Revised Figure 10. The design will be integrated with the existing North Pavilion to create a visual unity of design. As shown on Exhibit A, no windows will be located on the north facades of the North Campus Addition corners. Windows on the north facade will be angulated to mitigate visual intrusion to Horizon House. Virginia Mason will propose to locate the entrance/exit to the North Campus Addition parking garage on streets other than University Street, although final authority to approve ingress and egress onto public streets will rest with the City of Seattle.

The setbacks and terracing of the Mixed Use Building are shown in Exhibit B to Revised Figure 10. Virginia Mason will seek to locate the entrance/exit to the Mixed Use Building parking garage on Seneca Street, subject to City of Seattle approval.

EXHIBIT -

VIRGINIA MASON MEDICAL CENTER PROPOSED REVISION TO MAJOR INSTITUTION MASTER PLAN

MIMP Application No. 8701306

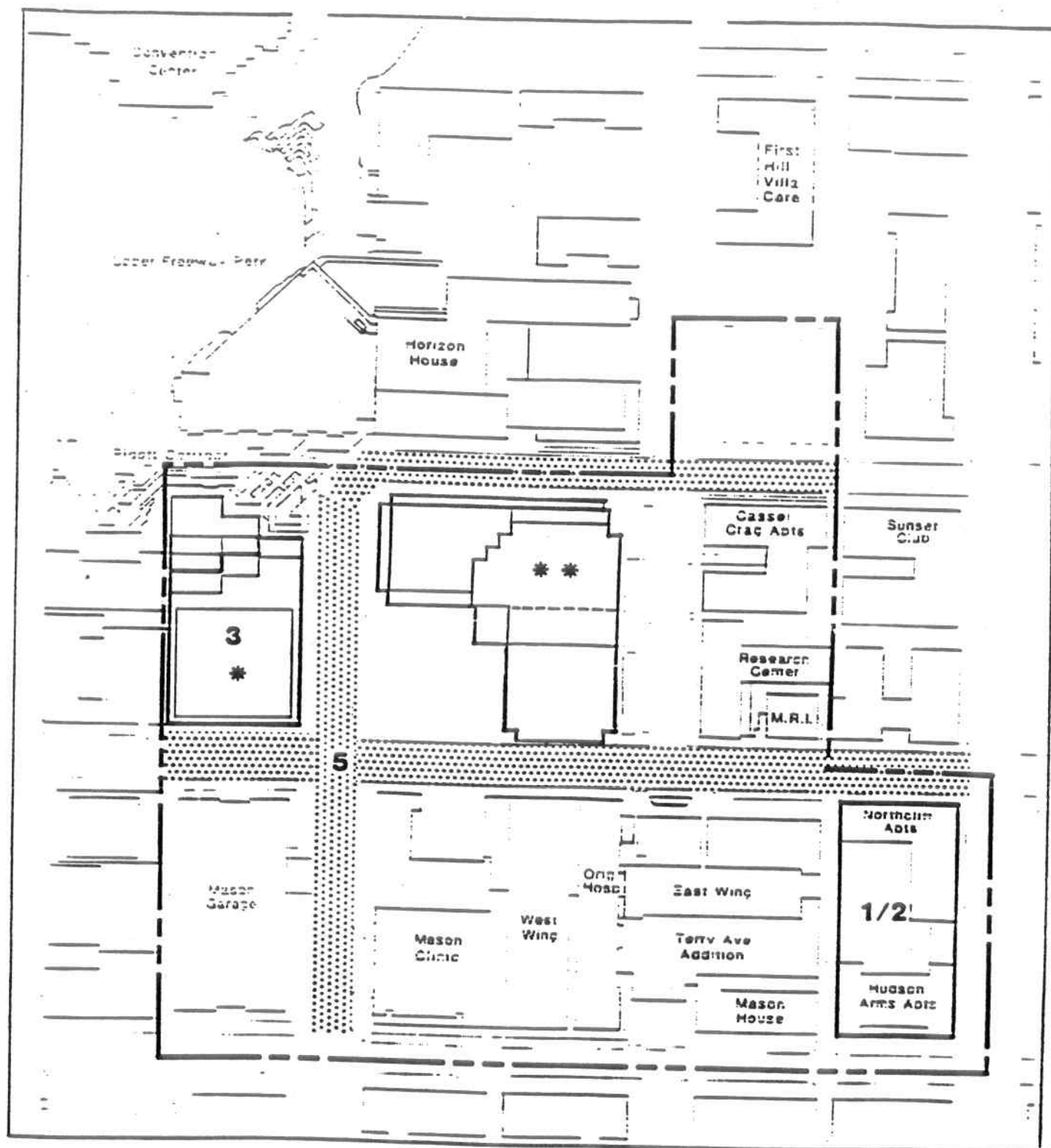
This proposed revision to the Final Major Institution Master Plan of Virginia Mason Medical Center is the result of agreements between Virginia Mason and Horizon House, a neighboring non-profit retirement facility, after publication of the Final Master Plan. The agreements addressed certain concerns of Horizon House and Virginia Mason and were jointly submitted as stipulated conditions to the Master Plan at the December 15, 1993, hearing on the Master Plan before the Seattle Hearing Examiner.

In the January 12, 1994, Findings and Recommendations of the Hearing Examiner, those stipulated conditions were adopted as Recommended Condition No. 8A. Virginia Mason and the Planning and Regional Affairs Committee of the City of Seattle agreed that it was appropriate to include Recommended Condition No. 8A as a proposed revision to the Master Plan, as follows:

1. Figure 10 at p. 30 (Proposed Development) of the Final Major Institution Master Plan will be amended to read as shown in Revised Figure 10 (Proposed Development/Campus Plan). Revised Figure 10, along with Exhibit A and Exhibit B to Revised Figure 10, are attached to this proposed revision;
2. The following text will be appended to Section IV(C)(3)(b) at p. 28 of the Final Major Institution Master Plan:

The proposed footprint and envelope of the North Campus Addition are shown in Exhibit A to Revised Figure 10. The design will be integrated with the existing North Pavilion to create a visual unity of design. As shown on Exhibit A, no windows will be located on the north facades of the North Campus Addition corners. Windows on the north facade will be angulated to mitigate visual intrusion to Horizon House. Virginia Mason will propose to locate the entrance/exit to the North Campus Addition parking garage on streets other than University Street, although final authority to approve ingress and egress onto public streets will rest with the City of Seattle.

The setbacks and terracing of the Mixed Use Building are shown in Exhibit B to Revised Figure 10. Virginia Mason will seek to locate the entrance/exit to the Mixed Use Building parking garage on Seneca Street, subject to City of Seattle approval.



- VMMC Institutional Boundary
- 1 Construct East Campus Addition
- 2 Complete East Campus Addition
- 3 Construct Mixed-Use Building
- 4 Construct North Campus Addition
- 5 Provide Streetscape Improvements

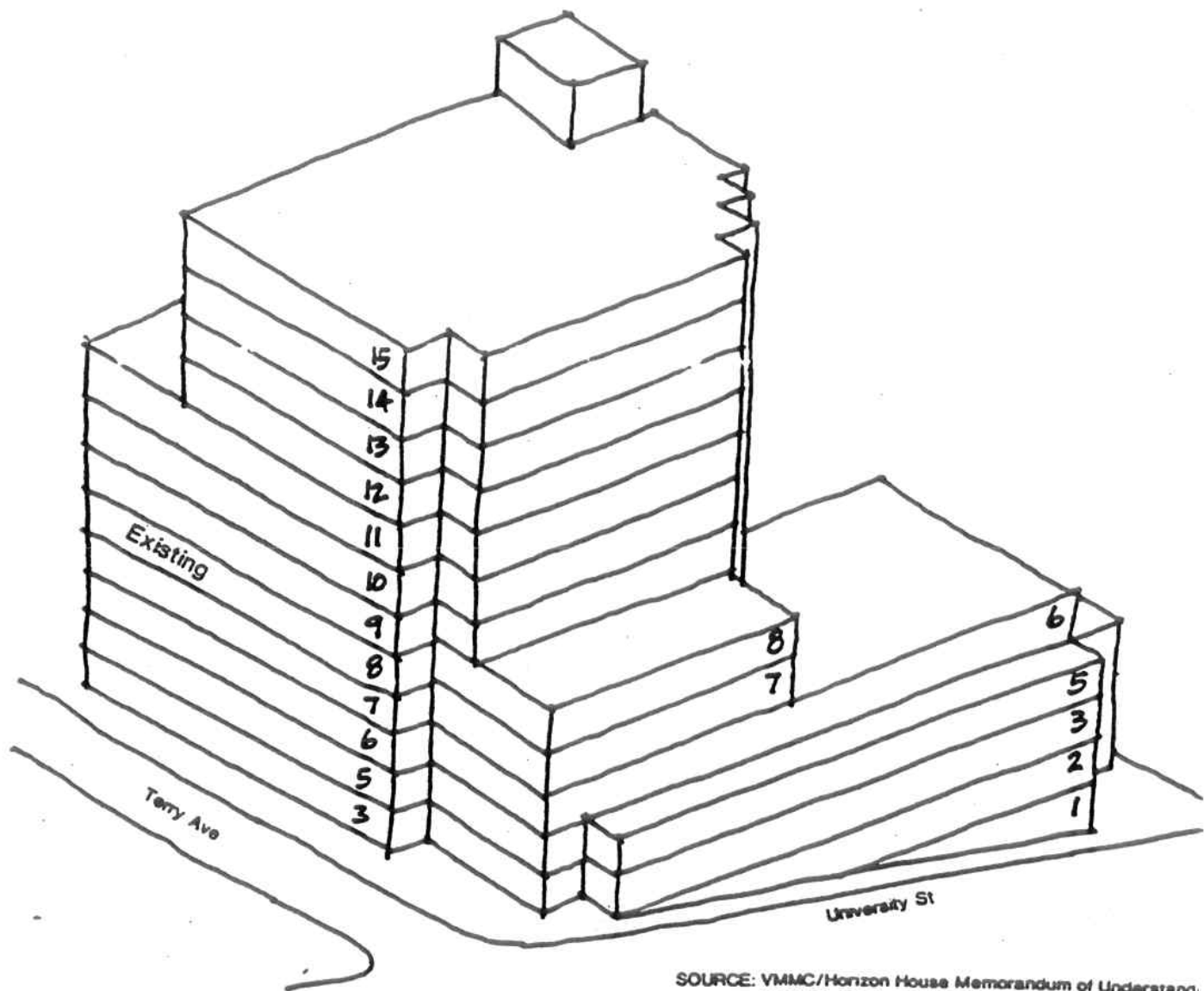
SOURCE: VMMC Final MIMP, Page 30, Figure 10, November, 1992

* See Attached Exhibit B

** See Attached Exhibit A

Revised Figure 10

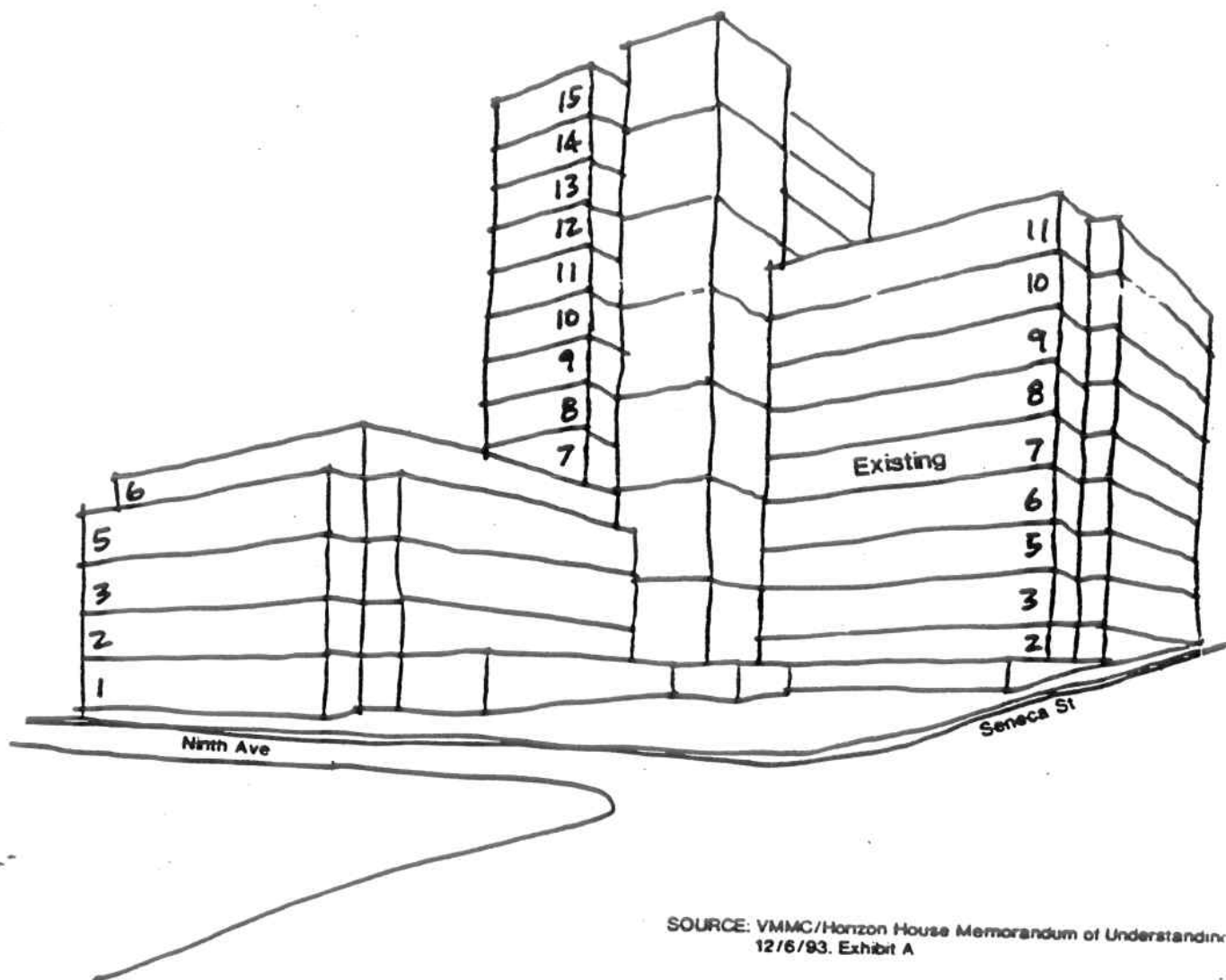
Proposed Development/Campus Plan
Virginia Mason Medical Center Major Institution Master Plan



SOURCE: VMMC/Horizon House Memorandum of Understanding,
12/6/83. Exhibit A

Exhibit A

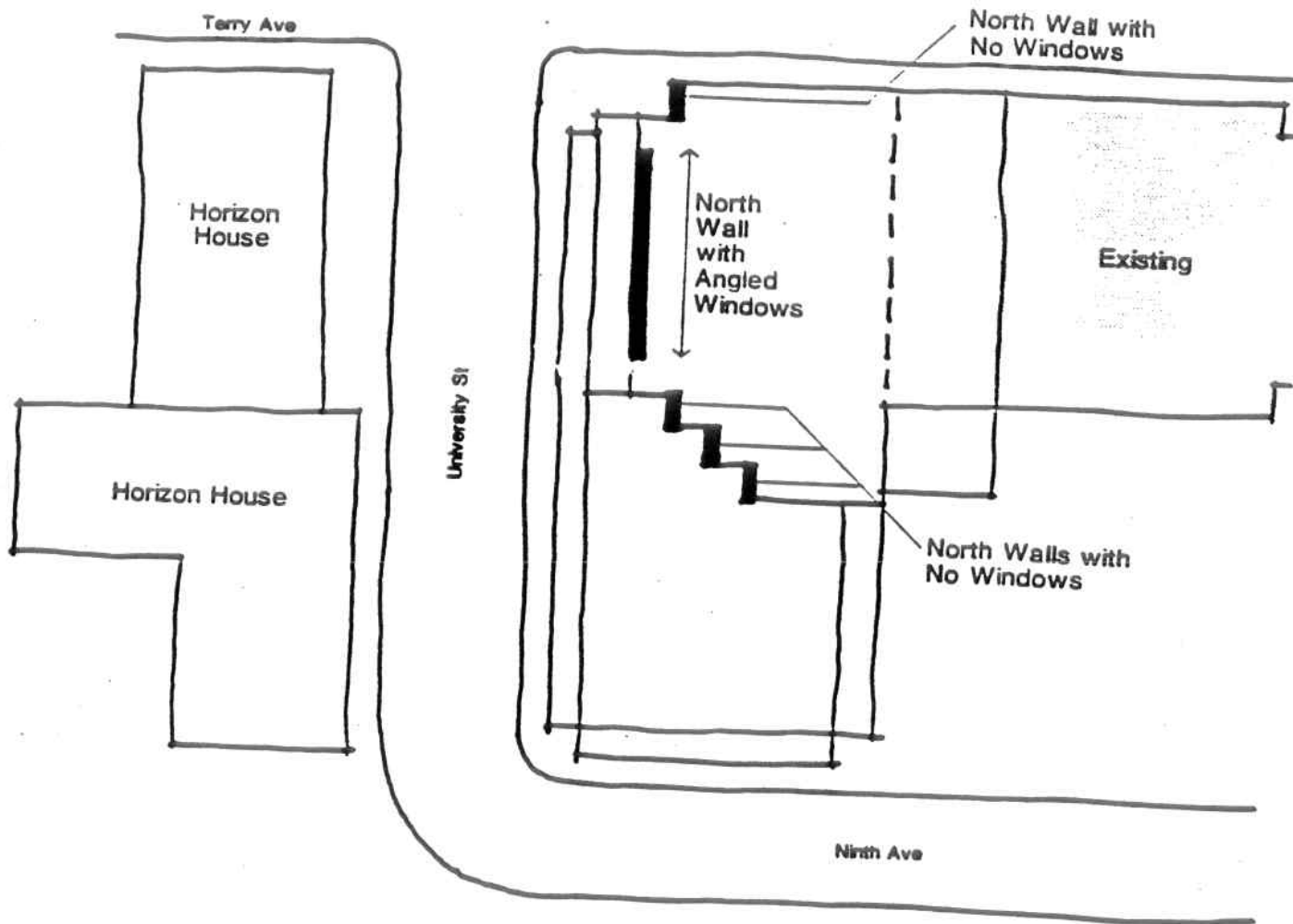
North Campus Addition Modified Proposal -
View from Northeast
Virginia Mason Medical Center Major Institution Master Plan



SOURCE: VMMC/Horizon House Memorandum of Understanding
12/6/93, Exhibit A

Exhibit A

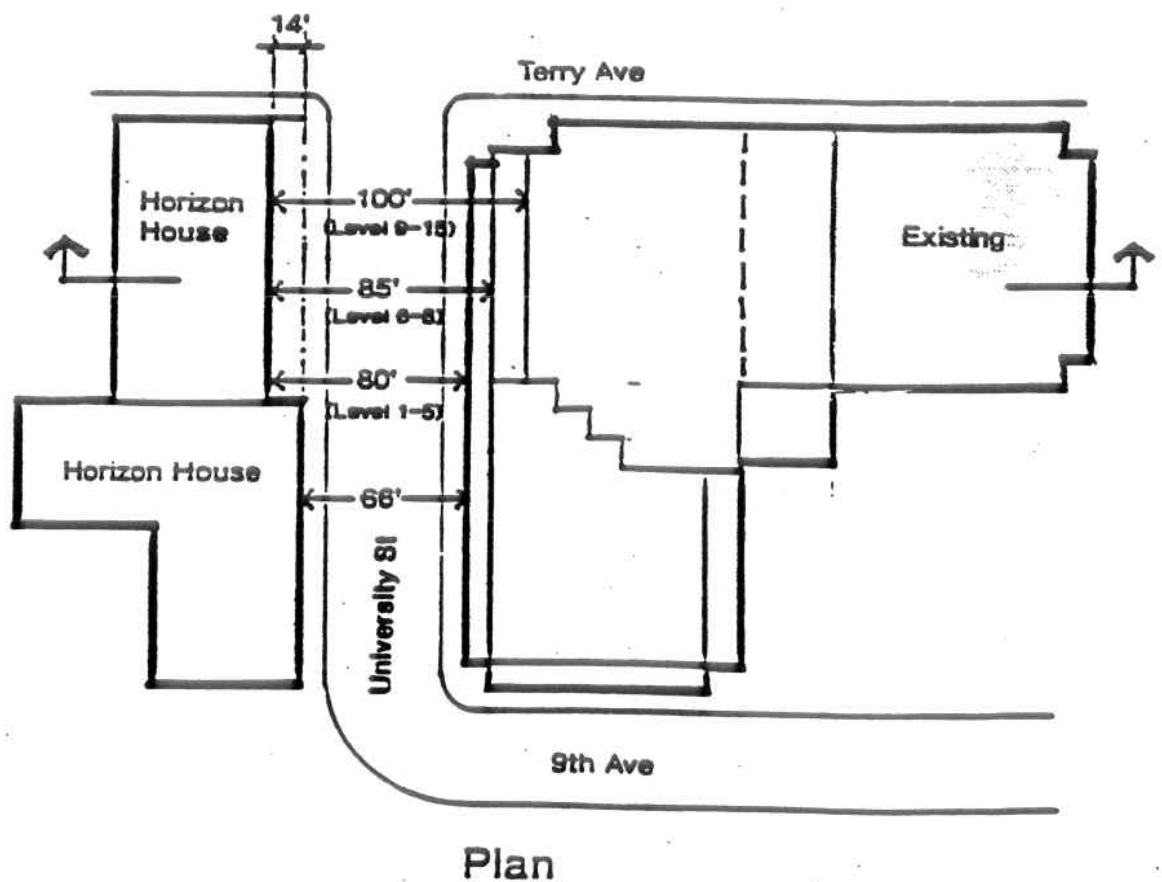
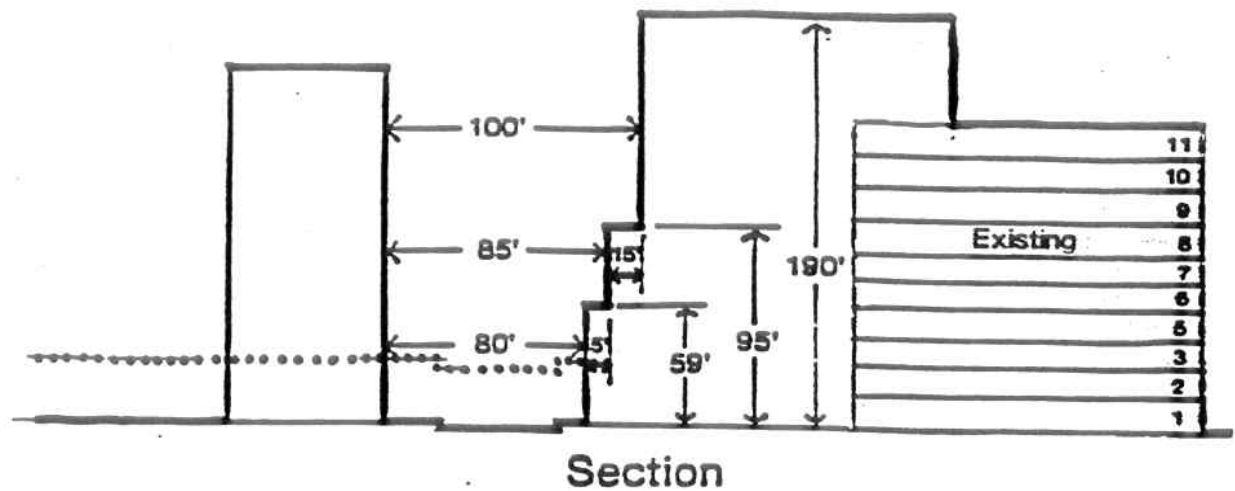
North Campus Addition Modified Proposal -
View from Southwest
Virginia Mason Medical Center Major Institution Master Plan



SOURCE: VMMC/Horizon House Memorandum of Understanding
12/6/93, Exhibit A

Exhibit A

North Campus Addition Modified Proposal -
North Wall Windows
Virginia Mason Medical Center Major Institution Master Plan



SOURCE: VMMC/Horizon House Memorandum of Understanding
12/8/93, Exhibit A

Exhibit A

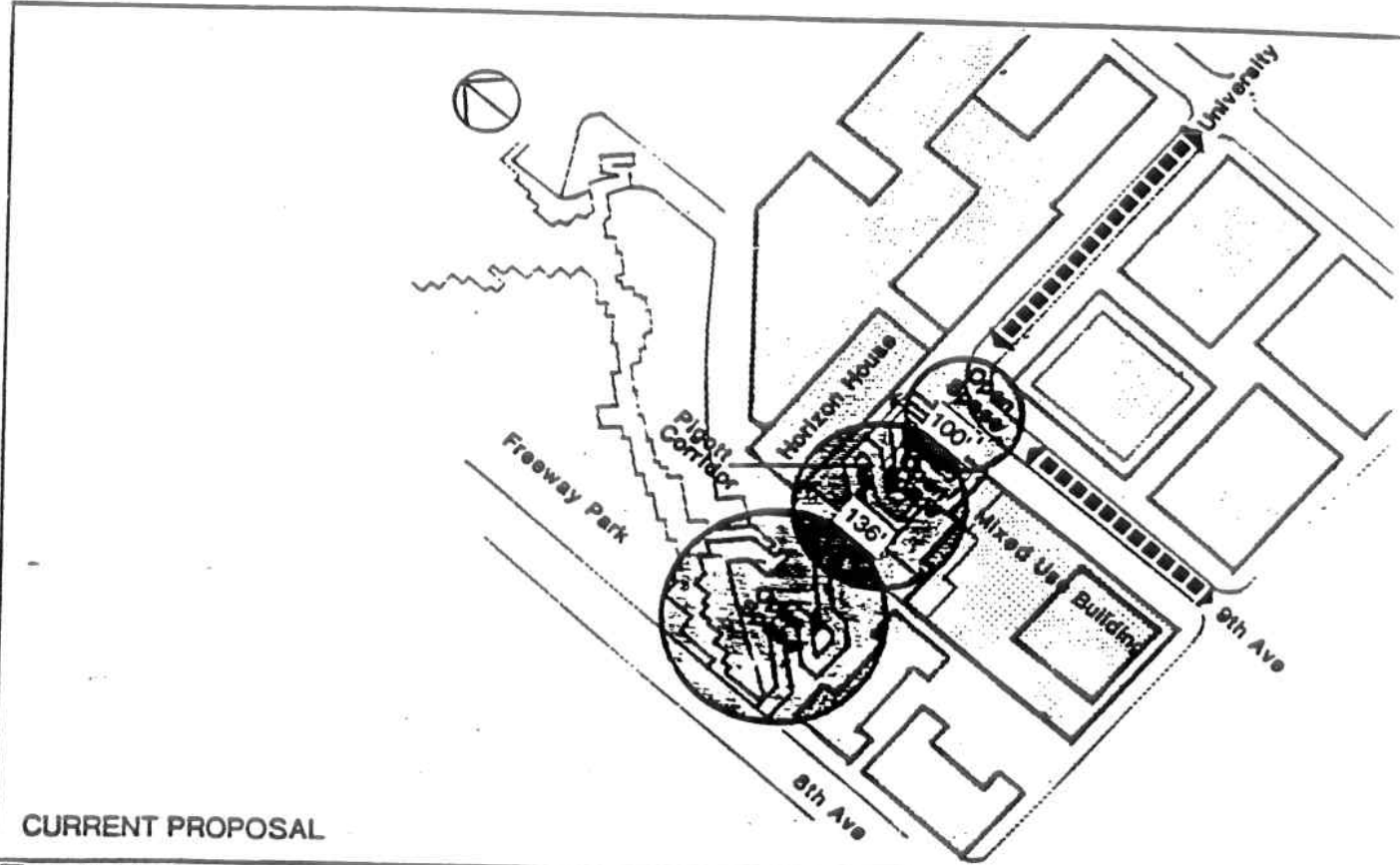
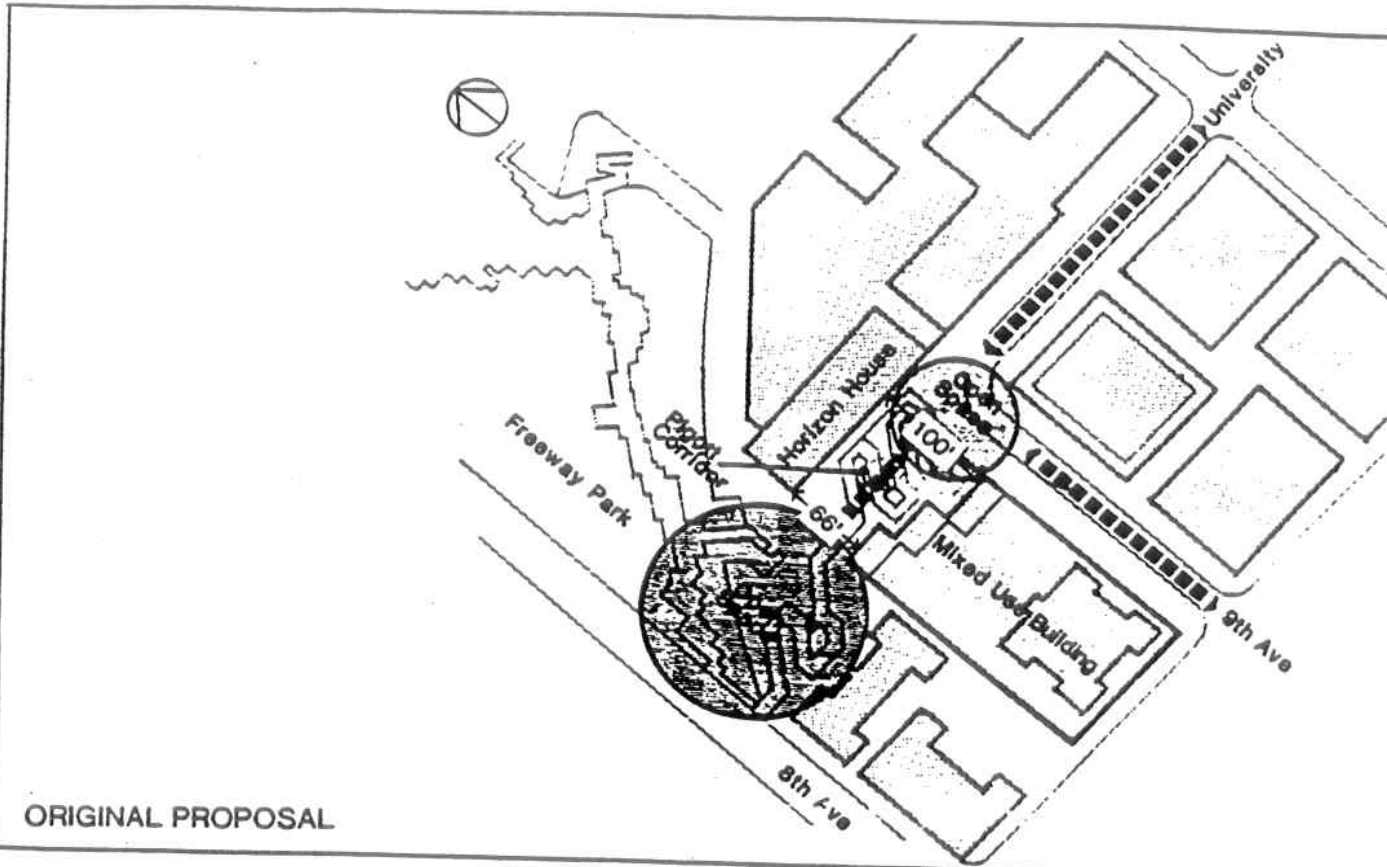
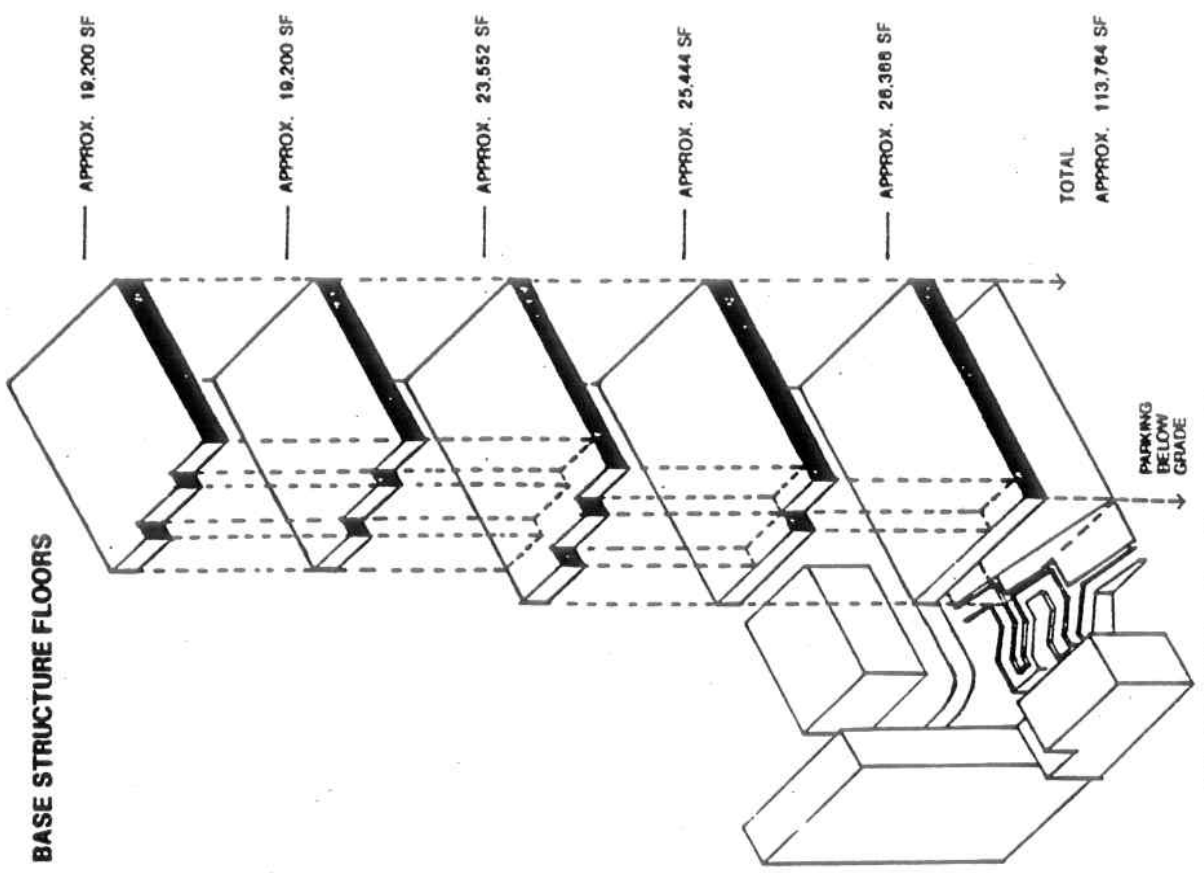


Exhibit B

Mixed Use Building Open Space Comparison
 Virginia Mason Medical Center Major Institution Master Plan

SOURCE: VMMC/Horizon House Memorandum of Understanding
 12/6/93, Exhibit B, Page 1 of 3.



SOURCE: VMAC/Horizon House Memorandum of Understanding, 12/8/00, Exhibit B, Page 3 of 3

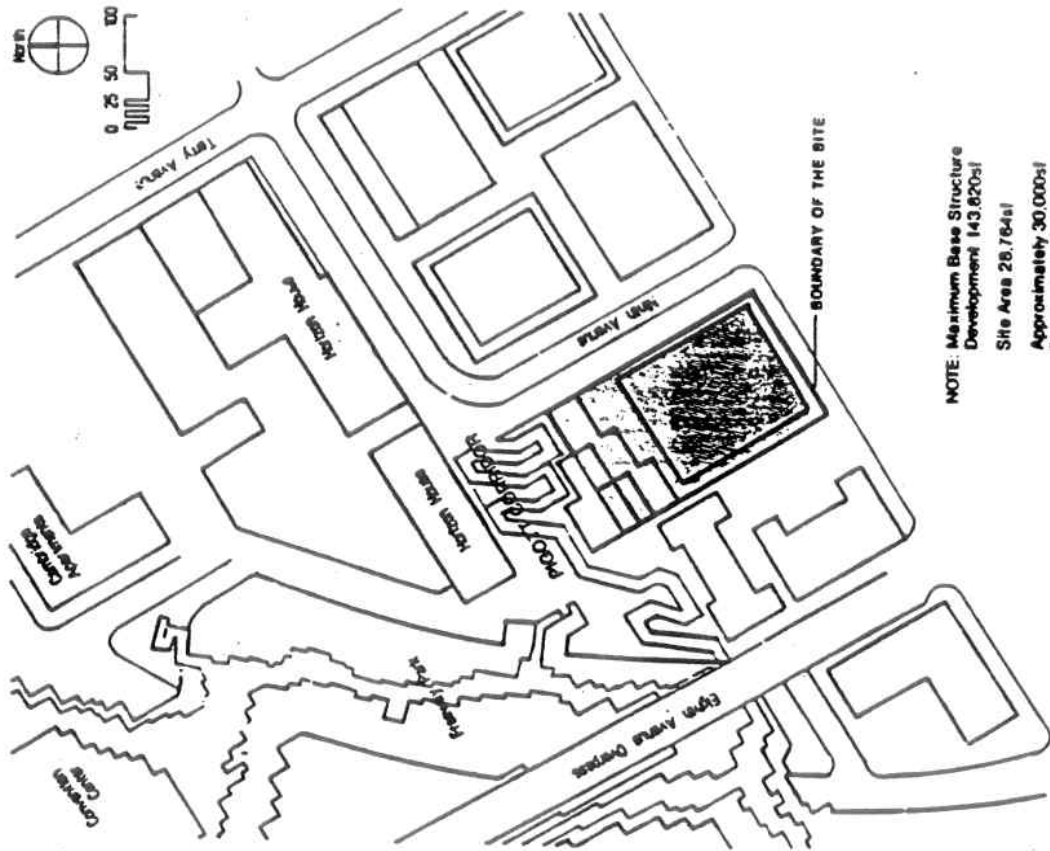


Exhibit B

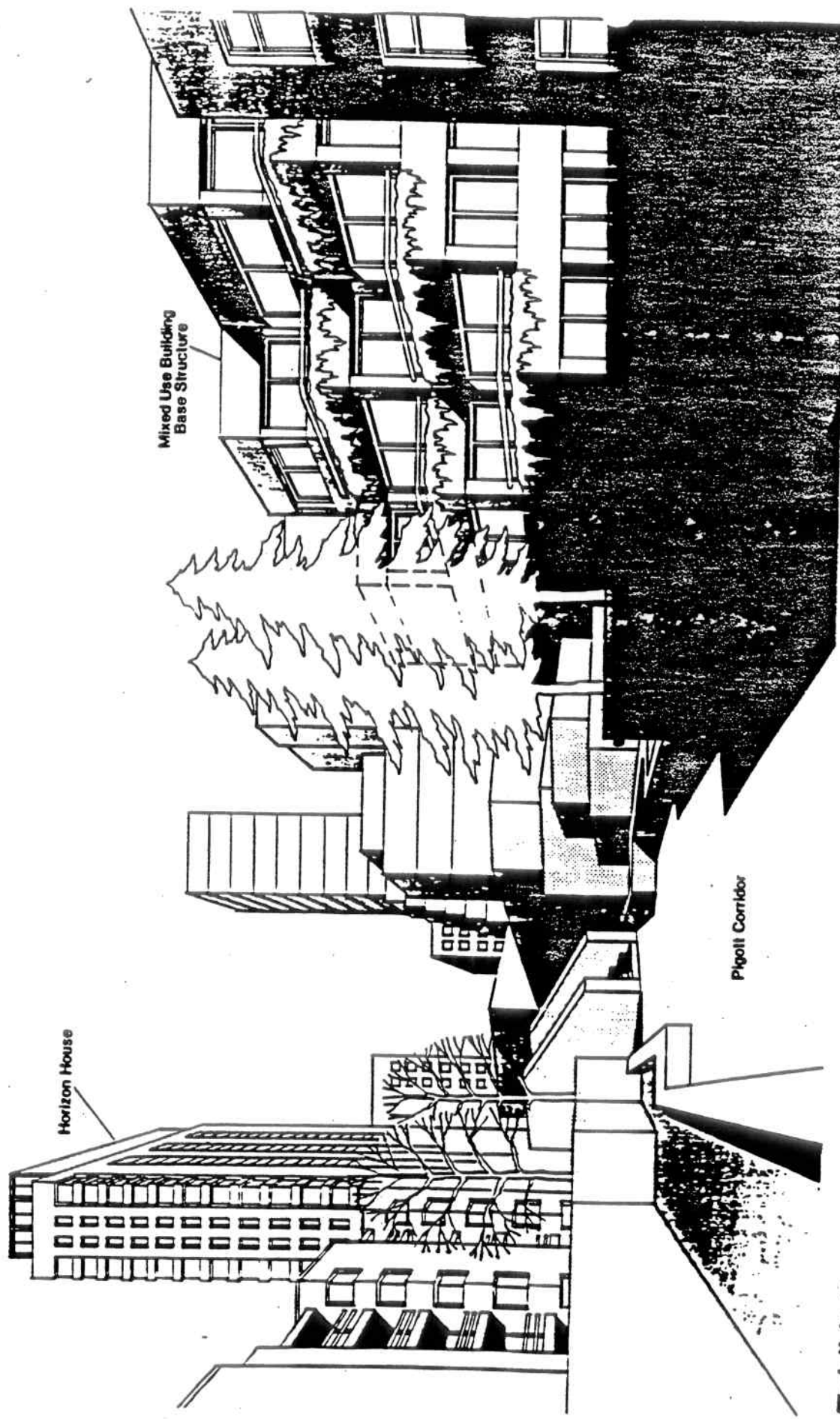


Exhibit B

SOURCE: VAMC/Horizon House Memorandum of Understanding
12/6/90, Exhibit B, Page 2 of 3



March 15, 1994

Mr. Jim Street
Seattle City Councilperson
Planning and Regional Affairs Committee
Municipal Building, 11th Floor
Seattle, Wa. 98104

Re: Virginia Mason Medical Center Major Institution Master Plan Council File No. 299691

Dear Mr. Street:

This letter responds to the request from the Planning and Regional Affairs Committee for Virginia Mason to put in written form its commitment with respect to tenant relocation for the eligible residents of the Northcliff and Hudson Arms apartment buildings. Fifty eight of the sixty three units in those two apartment buildings meet the definition of low-income housing units. The assistance would be provided in conjunction with relocating eligible tenants (as defined in the existing Seattle code 22.210) from the Northcliff and Hudson Arms prior to the demolition of those two buildings to make way for the East Campus addition to the Virginia Mason Medical Center.

As part of its Master Plan, Virginia Mason has already proposed to provide assistance to eligible tenants in locating alternative housing. In addition Virginia Mason is participating with the Seattle Housing Resources Group (SHRG) in maintaining the John Winthrop Apartments, which has 79 units of low-income housing.

At the Planning and Regional Affairs Committee meeting on March 1, Virginia Mason committed to the following relocation assistance. First, for those eligible tenants who choose to relocate to the John Winthrop apartments, Virginia Mason, using our staff, will provide assistance to move those tenants from the Northcliff and Hudson Arms to the John Winthrop Apartments. We would place a one day limit of staff time to accomplish such a move to assure that the tenant provided readiness support. For other eligible tenants not relocating to the John Winthrop, we would match the City of Seattle with up to \$1,071 in relocation funds for a total of \$2,142 in relocation assistance.

We hope this clarifies our commitment and allows our Master Plan to proceed in a timely manner through the approval process.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald R. Olson", with a stylized flourish at the end.

Donald R. Olson
Administrator

VIRGINIA MASON MEDICAL CENTER
PROPOSED REVISION TO MAJOR INSTITUTION MASTER PLAN

MIMP Application No. 8701306

This proposed revision to the Final Major Institution Master Plan of Virginia Mason Medical Center is the result of agreements between Virginia Mason and Horizon House, a neighboring non-profit retirement facility, after publication of the Final Master Plan. The agreements addressed certain concerns of Horizon House and Virginia Mason and were initially submitted as stipulated conditions to the Master Plan at the December 15, 1993, hearing on the Master Plan before the Seattle Hearing Examiner.

In the January 12, 1994, Findings and Recommendations of the Hearing Examiner, the stipulated conditions were adopted as Recommended Condition No. 8A. Virginia Mason and the Planning and Regional Affairs Committee of the City of Seattle agreed that it is appropriate to include Recommended Condition No. 8A as a proposed revision to the Master Plan, as follows:

Figure 10 at p. 30 (Proposed Development) of the Final Major Institution Master Plan will be amended to read as shown in Revised Figure 10 (Proposed Development/Campus Plan). Revised Figure 10, along with Exhibit A and Exhibit B to Revised Figure 10, are attached to this proposed revision;

The following text will be appended to Section IV(C)(3)(b) at p. 28 of the Final Major Institution Master Plan:

The proposed footprint and envelope of the North Campus Addition are shown in Exhibit A to Revised Figure 10. The design will be integrated with the existing North Pavilion to create a visual unity of design. As shown on Exhibit A, no windows will be located on the north facades of the North Campus Addition corners. Windows on the north facade will be angulated to mitigate visual intrusion to Horizon House. Virginia Mason will propose to locate the entrance/exit to the North Campus Addition parking garage on streets other than University Street, although final authority to approve ingress and egress onto public streets will rest with the City of Seattle.

The setbacks and terracing of the Mixed Use Building are shown in Exhibit B to Revised Figure 10. Virginia Mason will seek to locate the entrance/exit to the Mixed Use Building parking garage on Seneca Street, subject to City of Seattle approval.